

Paediatric Cardiology ARCP Decision Aid 2021

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year. This document is available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

A supplementary checklist is also available on the JRCPTB website to assist in the preparing for ARCPs.

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
Educational supervisor (ES) report	An indicative one per year to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings. Trainees should record self-rating to facilitate discussion with ES. ES report will record rating for each generic CiP	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training
Specialty capabilities in	See grid below of levels expected for	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm trainee is performing at or	ES to confirm level 4 in all generic

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
practice (CiPs)	each year of training. Trainees must complete self-rating to facilitate discussion with ES. ES report will confirm entrustment level for each CiP	above the level expected for all CiPs	above the level expected for all CiPs	above the level expected for all CiPs	above the level expected for all CiPs	Paediatric Cardiology CiPs by end of training and either level 3 or 4 in relevant themed for service CiP
Multiple consultant report (MCR)	An indicative minimum number. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee. This should include one report from another department	4	4	4	4	4
Multi-source feedback (MSF)	An indicative minimum of 12 raters including 3 consultants and a mixture of other	1	1	1	1	1

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
	staff (medical and non-medical). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements should be made for a repeat MSF					
Supervised Learning Events (SLEs): Case-based discussion (CbD) and/or mini-clinical evaluation exercise (mini-CEX)	An indicative minimum number to be carried out by consultants. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors.	5	5	5	5	5

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
	Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee					
Quality improvement (QI) project	Project to be assessed with quality improvement project tool (QIPAT)	Evidence of participation in audit/QI involvement	Evidence of participation in audit/QI involvement	Evidence of completion of an audit/QI	Evidence of participation in audit/QI involvement	Satisfactory portfolio of audit/QI involvement
Teaching attendance	An indicative minimum hours per training year. To be specified at induction	80% attendance at local/regional training days	80% attendance at local/regional training days	80% attendance at local/regional training days	Teaching to higher postgrad level * with feedback ST7/8	Teaching to higher postgrad level * with feedback ST7/8
KBA		Attempt/Pass KBA	Attempt/Pass KBA	Pass KBA with a mark >50%		
Patient survey	20 responses			1		1
Advanced Paediatric Life Support (APLS)		Valid	Valid	Valid	Valid	Valid
IRMER		Valid	Valid	Valid	Valid (depending on specialist area)	Valid (depending on specialist area)
Logbook		Completed	Completed	Completed	Completed	Completed

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)	Year 5 (ST8)
CPD	If not already completed	Morphology course ECHO course			Evidence of specialist area courses/conference	Evidence of specialist area courses/conference
EACVI		Working towards EACVI recommended	Working towards EACVI recommended	Working towards EACVI recommended	EACVI echo accreditation recommended	EACVI echo accreditation recommended
ACHD				3 months ACHD by end ST6 5 ACHD CBDs including one in pregnancy by end ST6		
Fetal echo				4 CBDs by ST6		

* teaching to higher postgraduate level= ie in more formal setting or more senior audience, this may include lectures, teaching on courses in addition to departmental teaching, organisation of teaching programme

Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting for help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year.

CORE PROCEDURES	
	Core curriculum requirements for ALL trainees

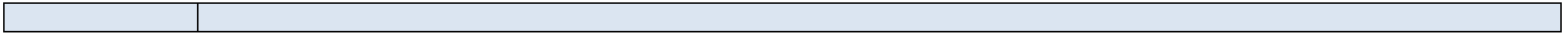
	ST4	ST5	ST6
Transthoracic echo	Level 2	Level 3	Level 4
Trans-oesophageal & epicardial echo	Level 2	Level 2-3	Level 3
Emergency pericardiocentesis*	Level 2	Level 2-3	Level 4
Cardioversion	Level 2	Level 3	Level 4
Pacing	Level 2	Level 2	Level 3 Insertion of temporary pacing wire (DOPS) Management of post-op pacing (CbD)
12 lead ECG/CXR	Level 2	Level 3	Level 4
Ambulatory ECG/event recorder/exercise tolerance test	Level 2	Level 3	Level 4
Balloon atrial septostomy (echo guidance only)	Level 2	Level 3	Level 4
Cardiac catheterisation	Level 2	Level 2	Level 2

SPECIALIST TRAINING REQUIREMENTS

NB If 2 modules are being undertaken, then the level specified for ST7 must be achieved in both modules

	ST7	ST8
Fetal Cardiology	Level 3 scanning/reporting/counselling	Level 4 scanning/reporting/counselling
Advanced Echo	Level 3 for intra-operative echo Level 3 for advanced functional assessment	Level 4 for intra-operative echo Level 4 for advanced functional assessment
Specialist Imaging (MRI ± CT)	Level 3 scanning/reporting	Level 4 scanning/reporting
Cardiac Catheterisation	Level 4 as second operator Level 3 as first operator for less complex procedures	Level 4 as first operator for less complex procedures, level 3 for complex procedures (eg PPVI, Ductal stenting)
Pacing and Electrophysiology	Level 3 for pacemaker implantation Level 4 as second operator for EP studies	6 months experience in adult EP department Level 4 for pacemaker implantation Level 4 as first operator for less complex EP studies (eg. Accessory pathway, AVNRT) Level 3 for complex EP studies (eg 3D mapping in structurally abnormal hearts)

Level	Descriptor
Level 1	Entrusted to observe only – no provision of clinical care
Level 2	Entrusted to act with direct supervision: The trainee may provide clinical care, but the supervising physician is physically within the hospital or other site of patient care and is immediately available if required to provide direct bedside supervision
Level 3	Entrusted to act with indirect supervision: The trainee may provide clinical care when the supervising physician is not physically present within the hospital or other site of patient care, but is available by means of telephone and/or electronic media to provide advice, and can attend at the bedside if required to provide direct supervision
Level 4	Entrusted to act unsupervised



When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Levels to be achieved by the end of each training year and at critical progression points for specialty CiPs

Outline grid of levels expected for Paediatric Cardiology specialty CiPs

Levels to be achieved by the end of each training year for specialty CiPs

Level descriptors

Level 1: Entrusted to observe only – no clinical care

Level 2: Entrusted to act with direct supervision

Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Specialty CiP	ST4	ST5	ST6	ST7	ST8	CRITICAL PROGRESSION POINT
1. Diagnose and manage acute and chronic structural congenital and paediatric heart disease in general, developing knowledge and ability to contribute to the patient / family centred care of this life-long disease process including awareness of comorbidities and end of life care	2		3		4	
2. Diagnose and manage acute and chronic functional and acquired heart disease in fetal life and childhood	2		3		4	
3. Diagnose and manage acute and chronic heart rhythm abnormalities in fetal life, childhood, and in adults with congenital heart disease, including knowledge of pacing	2		3		4	
4. Participate in and contribute to the acute and chronic care of adult patients with congenital heart disease (ACHD) including during	2		3		4	
5. Working with a complex multidisciplinary team, including community and network provision of patient centred care	2		3		4	

Specialty CiPs themed for service						
1. Provide an arrhythmia service including ablation and device therapy for paediatric and CHD patients				3	4	
2. Provide a complex structural interventions service for paediatric and CHD patients				3	4	
3. Provide a comprehensive imaging service for paediatric and CHD patients (this could be echocardiographic and / or cross-sectional imaging)				3	4	
4. Provide a fetal diagnostic and management service for pregnancies affected by CHD				3	4	
5. Manage all aspects of the heart failure service, including transplant assessment and on-going follow up				3	4	
6. Provide a comprehensive diagnosis and treatment service for patients with pulmonary hypertension				3	4	
7. Provide a comprehensive adult congenital heart disease service				3	4	
8. Provide a comprehensive inherited cardiac conditions service				3	4	